

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/555590

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		1				
5		4				
6		4				
7		4				
8		8				
9		8				
10		8				
11	1					
12		2				
13		2				
14	1					
15		8				
16		8				
17		8				
18		8				
19		8				
20		8				
21	1					
22		1				
23	1					
24	1					
25		1				
26		5				
27		5				
28		5				
29		8				
30		8				
31		8				
32	1					
33		2				
34	1					
35	1					
36	1					
37		1				
38		1				
39	1					
40		1				
41		1				
42		8				
43		8				
44	1					
45		1				
46		8				
47		8				
48		8				
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						